



CG-FES FESTIVAL LICENSE APPLICATION

State Form XXXXX
INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____
Date Received _____
Reviewed By _____
Date Reviewed _____
Date Keyed _____

INSTRUCTIONS: Please enclose license fee. Allow 4-6 weeks to process.

1. Name of Organization (please type or print)				2. Email Address	
3. Previous Name of Organization (if name changed)				4. Federal Identification Number (FID)	
5. DBA (Doing Business As) Name		6. Contact Person		Contact Person's Phone Number	
7. Street Address of Principal Office (as it appears on the Charity Gaming Qualification Application, Form CG-QA; unless organization has moved)					
City	State	Zip Code	County	Daytime Telephone Number ()	Office Business Hours
8. On what date(s) and during what hours will your event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour.) Date _____ Hours _____ M to _____ M Date _____ Hours _____ M to _____ M Date _____ Hours _____ M to _____ M Date _____ Hours _____ M to _____ M					
9. Street address of the facility where the gaming event will be conducted.				FOR OFFICE USE ONLY	
City	State	Zip Code	County		

Lease/Donation Information

INSTRUCTIONS: Attach additional sheets if necessary to supply all information for each line.

10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one) • If leased (rented) or donated , enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.				
Name of Lessor/Donor (Full legal name)			Address	
City	State	Zip Code	County	Daytime Telephone Number ()
11. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment/device being leased or donated to you for this event? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Note: Gaming equipment/device must originate from a licensed distributor and/or manufacturer.				
Name	Address		City	State Zip Code

Manufacturer and Distributor Information

12. List the manufacturer(s) and/or distributor(s) you intend to purchase licensed supplies from. Attach additional sheets if necessary.					
Name	Address	City	State	Zip Code	Items
13. Does your organization own gaming equipment/device? If so, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.					
Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Type of Equipment/Device		

Operator Information

14. Please list at least (3) operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>

15. Please list the name from above of the **principal operator** who has overall responsibility for the operation and control of this charity gaming event. Please type or print.

X

Name

Daytime Telephone Number

Worker Information

16. List all individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print.

Full Legal Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Mos./Years with Organization	Check appropriate box
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>
				()		employee member <input type="checkbox"/>

17. Have any operators/workers listed on lines 14 and 16, or on any additional sheets been convicted of a felony within the last 10 years in any jurisdiction? Yes ☐ No ☐ If you answered "Yes" list each name, type and date of conviction, and jurisdiction/court. Attach additional sheets if necessary.

Gross Retail Sales Information

18. Will you be conducting any type of retail sales during the licensed event? (*Check one*)

Yes* ☐

No ☐

(Example: concessions, daubers, snacks, etc.)

*If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided

Name of organization offering the sales	Retail Merchant Certificate Number
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19. Which of the following will your organization be receiving? (*Check one*)

_____ All of the retail sales income

_____ A flat fee retail sales payment

_____ A percentage of the retail sales income

_____ Other (*explain*) _____

Additional Activities Authorized

20. Will your organization be conducting a door prize drawing at this event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your organization be selling pull tabs, punchboards and/or tip boards at this event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your organization be conducting card, dice and/or wheel games at this event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your organization be conducting a raffle during this event? (<i>one day only</i>) indicate the date ____/____/____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will your organization be conducting bingo at this event?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

You may request special permission to increase certain prize limitations at this festival or special bingo event.

- ☐ Check this box **only** if you wish to increase the total bingo prize limitation for **the special bingo event(s) at this festival** from \$6,000 up to \$10,000. **Note:** You may increase your bingo prize limitation only two (2) times a year.

Please list the exact date(s) from those listed on page 1, #8 ____/____/____, ____/____/____

- ☐ Check this box **only** if you wish to increase the total door prize limitation for **this festival license** from \$5,000 up to \$20,000 for the entire event. **Note:** You may increase your door prize limitation only one (1) time a year for all door prize events.

Please list the exact date from those listed on page 1, #8 ____/____/____, ____/____/____

Financial Information

21. Where will the charity gaming financial records be maintained?

Address

City

State

Zip Code

22. Name, address, and telephone number of the person maintaining these records.

Name

Address

City

State

Zip Code

Daytime Telephone Number
()

23. List the organization's separate and segregated charity gaming checking account information

Name of Bank

Street Address

City

State

Zip Code

Name of separate and segregated Charity Gaming Checking Account

Account Number

License Fee Information

24. The license fee for your first Festival License is \$50.00. All subsequent license fees will be based on the adjusted gross receipts from the **last event of the same type**. You will find this license fee amount on page 3 item #4 of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your **separate and segregated Charity Gaming checking account**. Make your check payable to: **Indiana Gaming Commission**. Do not send cash.

Certification

25. We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Presiding Officer

Print Name

Title

Daytime Telephone Number

Date

Signature of Secretary

Print Name

Daytime Telephone Number

Date

Send this application and appropriate fee to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, IN 46204
Phone: (317) 232-4646